



World Health
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EUROPEAN ENVIRONMENT
AND HEALTH PROCESS

High-level Mid-term Review of the European Environment and Health Process

Haifa, Israel, 28–30 April 2015

MEETING REPORT



**World Health
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REGIONAL OFFICE FOR **Europe**

European Environment and Health
Task Force
High-level Mid-term Review Meeting
Haifa, Israel, 28–30 April 2015

EURO/EHTF-MTR
April 2015
Original: English

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of the European Environment and
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Abstract

The High-level Mid-term Review Meeting to assess progress in implementation of the European Environment and Health Process and its institutional framework took place in Haifa, Israel from 28 to 30 April 2015. The meeting reviewed the implementation of commitments made by Member States and stakeholders under the Parma Declaration on Environment and Health, assessed the challenges still faced by Member States, reviewed strategic partnerships and determined future priorities and a roadmap in preparation for the Sixth Ministerial Conference on Environment and Health in 2017. The Task Force amended its Rules of Procedure and adopted the Terms of Reference of the Ad Hoc Working Group.

Keywords

ENVIRONMENTAL HEALTH
ENVIRONMENTAL POLICY – trends
CONGRESSES
EUROPE

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Acknowledgements

The High-level Mid-term Review Meeting and the associated study tours were generously hosted by the Government of Israel.

Opening of the meeting, election of officers and adoption of the agenda

1. The High-level Mid-term Review Meeting to assess progress in implementation of the European Environment and Health Process (EHP) and its institutional framework took place in Haifa, Israel on 29 and 30 April 2015, at the kind invitation of the Government of Israel. The meeting was preceded by two study tours on 28 April, one to a coal-fired power plant and water desalination works and the other to a wastewater treatment plant and a drinking-water pretreatment plant. See Annex 1 for the scope and purpose of the meeting, Annex 2 for the programme of work, Annex 3 for the Chair's key messages from the meeting and Annex 4 for the list of participants.
2. Following a short performance by the children's choir of Romema Elementary School, Haifa, the meeting was formally opened by Mr Alexander Nies (Germany), the Chairperson of the Environment and Health Task Force. Mr Nies thanked the Israeli hosts for their hard work in preparing for the meeting and for arranging the two study tours for participants which had taken place the previous day. He further commended the efforts of the Ad Hoc Working Group of the Task Force, which had worked over the previous months to prepare for the meeting.
3. The purpose of the Mid-term Review Meeting is to review the implementation of commitments made by Member States and international, intergovernmental, and nongovernmental organizations and other stakeholders in the European Environmental and Health Process, to assess the challenges still faced by Member States, to review strategic partnerships and to determine future priorities in preparation for the Sixth Ministerial Conference, scheduled for 2017.
4. Mr David Leffler, Director-General, Ministry of Environmental Protection, Israel, welcomed participants to his native city of Haifa and briefly reviewed his country's main environment and health concerns, including air quality and hazardous chemicals. Environmental and social inequality is a further concern, since the most disadvantaged groups in society are also those most exposed to a degraded environment. The Israeli Government is preparing adaptation and mitigation plans to deal with the effects of climate change and promote research into the interrelationships between environmental hazards and human health.
5. Mr Arnon Afek, Director-General, Ministry of Health, Israel, likewise a native of Haifa, welcomed the participants to Israel and said that environmental issues are not merely for professionals, but can act as a force for peace between peoples.
6. Ms Zsuzsanna Jakab, WHO Regional Director for Europe, thanked the Government of Israel for its generous hospitality, and commended the hard work done by everyone involved in the preparations for the meeting. She welcomed Mr Marco Keiner, Director, Environment Division, United Nations Economic Commission for Europe (UNECE), representing the UNECE Executive Secretary, Mr Christian Friis Bach.
7. She briefly reviewed the positive developments which have taken place in the field of environment and health since the adoption of the Parma Declaration on Environment and Health in 2010. Nevertheless, many challenges remain. The Environment and Health Process should contribute to the policy debate on asbestos, and notably on whether chrysotile asbestos should be listed in Annex III of the Rotterdam Convention as one of the chemicals for which prior informed consent must be sought before importation – an issue due to be debated at the joint conferences of the Parties to the Basel, Rotterdam and Stockholm Conventions in May 2015.

8. It is essential to transform the environment and health research results which have emerged since the Parma Conference into informed policy decisions. For instance, air pollution caused more than 600 000 premature deaths in the WHO European Region in 2012, contributing to the death toll from cardiovascular and respiratory diseases and cancer. A report just published by the WHO Regional Office for Europe and the Organisation for Economic Co-operation and Development¹ estimates that people in the 53 Member States of the European Region would be willing to pay US\$ 1.6 trillion to avoid the deaths and diseases caused by air pollution: the Environment and Health Process can help to determine the appropriate action to be taken by governments on the basis of this evidence. A draft resolution on air pollution will be discussed by the World Health Assembly in May 2015.
9. Another task of the participants in the meeting is to review the governance of the Process. The Task Force has appointed an ad hoc working group, a working group on the implementation of the Framework for action on climate change and health (HIC) and a communications working group. Participants must decide how they can engage Ministers of Environment and Health more closely in the Process, and which new strategic partnerships they should pursue.
10. It will be important to support Member States at country level in the fulfilment of their commitments under the Parma Declaration and in their preparations for the Sixth Ministerial Conference. Future progress depends on intersectoral collaboration: the Process must generate the evidence needed to convince Ministers from other sectors and obtain their political commitment.
11. Finally, the Task Force should decide where Member States should focus their efforts in the remaining time before the Sixth Ministerial Conference in order to fulfil their commitments under the Parma Declaration as fully as possible. The next Conference must be informed by a robust reflection on the unprecedented global and transboundary environment and health challenges and on the changed context in which Member States operate in the 21st century. In the current world financial crisis, environment and health action may be seen as an expensive luxury or as an obstacle to economic policy objectives, and the growing socioeconomic divide translates into environmental health inequalities. The policy environment has changed since the adoption of the Parma Declaration, with new policy platforms such as Health2020 and the ongoing debate on the post-2015 sustainable development agenda advocating an integrated response to the underlying social, economic and environmental determinants of health. The Process must anchor itself firmly within this new framework, strengthen existing strategic partnerships, and create new ones with the multilateral environmental agreements, the European Union, international financial institutions and other relevant stakeholders.
12. In a video statement, Mr Christian Friis Bach, UNECE Executive Secretary, said that ample evidence is available showing the health impact and economic cost of environmental risk factors. WHO and UNECE already work extensively with multilateral environmental agreements such as the Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes, the Convention on Long-range Transboundary Air Pollution and the Transport, Health and Environment Pan-European Programme (THE PEP), but more must be done to raise awareness of environment and health issues and, in particular, to ensure that they are duly taken into account in environmental health

¹ WHO Regional Office for Europe, OECD. Economic cost of the health impact of air pollution in Europe: Clean air, health and wealth. Copenhagen: WHO Regional Office for Europe; 2015.

reviews, the future sustainable development goals and the post-2015 development process.

13. Mr Marco Keiner, Director, Environment Division, UNECE, stressed the need to increase transnational and interagency collaboration and ensure more integrated planning between ministries at the national level. The scope of the future sustainable development goals includes many issues falling within the mandate of the Environment and Health Process. UNECE greatly values its collaboration with the WHO Regional Office for Europe and other agencies such as the United Nations Environment Programme (UNEP).
14. Mr Itamar Grotto, Director of Public Health Services, Ministry of Health, Israel, presented the recent publication *Environmental health in Israel 2014*.¹ Air quality is a major challenge in Israel: levels of particulate matter, ozone and other pollutants are above internationally recommended levels. Approximately 50% of drinking water is desalinated seawater, which is of high quality but may potentially reduce the population's intake of calcium and magnesium. Wastewater is treated and widely reused for crop irrigation, which raises concerns about biosolids, heavy metals and pharmaceuticals potentially entering the food chain. Other concerns include pesticides, hazardous chemicals in children's toys, and exposure to secondhand tobacco smoke.

Election of officers

15. Mr Leffler and Mr Afek were elected Co-Presidents of the Mid-term Review Meeting. Mr Nies (Germany), the EHTF Chair and Mr Dragan Gjorgjev (the Former Yugoslav Republic of Macedonia), the EHTF Co-chair presided over the proceedings.

Adoption of the agenda

16. The provisional agenda (document EURO/EHTF-MTR/03 Rev.2) and programme of work (document EURO/EHTF-MTR/04) were adopted.

Report on progress in the implementation of the Parma Declaration on Environment and Health

17. Mr Krunoslav Capak (Croatia) introduced the Mid-term Review Report (document EURO/EHTF-MTR/06), entitled *Improving environment and health in Europe: how far have we gotten?* He reviewed progress on the five timebound targets of the Parma Declaration. In respect of timebound target 1 (Provide safe water and sanitation to all children in the Region by 2020), it is estimated that an investment of US\$ 1 in safe sanitation brings an average economic return of US\$ 4.8. Nevertheless, while over 90% of residents of the European Region have access to improved water and sanitation, 100 million people still lack a piped water supply to their homes, and 2 million still have to defecate in the open. As a consequence it is estimated that 10 Europeans die every day from diarrhoea attributable to inadequate water, sanitation and hygiene.
18. In respect of timebound target 2 (Create healthy and safe environments to walk, cycle and undertake physical activity by 2020), the prevalence of overweight in children and adolescents (11-30% in 11-year-olds and 10-23% in 15-year-olds) remains a major concern, particularly in low- and middle-income countries.

¹ Available at http://www.health.gov.il/PublicationsFiles/BSV_sviva2014E.pdf (accessed 30 May 2015).

19. In respect of timebound target 3 (Make indoor environments healthy and tobacco-smoke-free by 2015), most States have policies to improve indoor air quality, poor ventilation and exposure to mould and dampness. By 2012, nine European countries had banned smoking in all public places and 38 countries had banned smoking in schools.
20. In respect of timebound target 4 (Safeguard children's environments from toxic chemicals by 2015), there is new evidence on the health effects of exposure to endocrine disruptors and mercury. Human biomonitoring shows decreasing levels of persistent organic pollutants (POPs) in breast milk, but dioxin levels are still high.
21. In respect of timebound target 5 (Develop policies to eliminate asbestos-related diseases by 2015), the incidence of asbestos-related diseases is now peaking, owing to their long latency period. As of 2014, 37 Member States of the European Region have banned all forms of asbestos. No consensus has been achieved on the inclusion of chrysotile asbestos in Annex III of the Rotterdam Convention.
22. Health in Europe is already suffering as a result of climate change, as shown by the floods in Bosnia and Herzegovina, Croatia and Serbia in 2014 in which 60 people were killed. The risks include heatwaves, storms, floods and increased prevalence of vector-borne diseases. Thirty-two Member States have drawn up national health vulnerability, impact and adaptation assessments, and 22 have health incorporated into national adaptation plans. However, financing for these activities is often not considered in the annual budget. Less has been done in integrating health into climate change low-carbon development approaches or in greening the health sector. The Task Force has set up a working group on the health impact of climate change.
23. Valuable partnerships have been established with the secretariats of the multilateral environmental agreements (United Nations Framework Convention on Climate Change, UNEP, UNECE), THE PEP, European Environment and Health Youth Coalition, World Meteorological Organization, Regional Environmental Center for Central and Eastern Europe, European agencies and relevant nongovernmental organizations.
24. To sum up: efforts to implement the Parma Declaration have had mixed results. Member States have taken action on the environmental determinants of health and have provided substantial information to assess progress; on the other hand, progress achieved is uneven, e.g. levels of ozone and particulate matter in the air have remained unchanged.
25. The Chair thanked the whole team, including the WHO European Center on Environment and Health in Bonn, Germany, involved in the preparation of the MTR report, for their efforts and commended them on their achievements.

Panel discussion

Panel members: Artur Buiuklianov, Centre of State Sanitary and Epidemiological Control, Bishkek, Kyrgyzstan; Marie-Christine Dewolf, Health and Environment Alliance (HEAL); Preben Ottesen, Norwegian Institute of Public Health; Anna Páldy, National Institute of Environment and Health, Hungary; Moderator: Brigit Staatsen, National Institute of Public Health and the Environment, Netherlands.

26. Ms Staatsen invited panel members to give examples of achievements in the implementation of the Parma Declaration commitments. Ms Páldy commended the Protocol on Water and Health as a platform for regional and intersectoral collaboration and noted the increased awareness of equity issues, for instance relating to access to adequate water and sanitation facilities for the Roma population of

Hungary. Mr Ottesen described the joint benefits, for the fight against both air pollution and climate change, derived from action to reduce levels of relatively shortlived air pollutants such as black carbon, ozone and mercury. Ms Dewolf spoke on HEAL's campaign to publicize the harmful effects and associated economic costs of exposure to hazardous chemicals, particularly endocrine disruptors, in daily life. Mr Buiuklianov described Kyrgyzstan's efforts to raise awareness of the health effects of climate change among policymakers and the general public and the opportunities the country had been given to introduce renewable energy sources in health care.

27. In response to a further question from the moderator about the factors which have contributed to the successes achieved, the panel members cited the importance of legal instruments such as the Protocol on Water and Health which can provide a framework for setting national targets and legislation, the interest in environmental affairs shown by the general public and their willingness to make changes, and the contribution of nongovernmental organizations.
28. Answering questions from the floor, the panel members said that mechanisms such as the European Framework for National Roma Integration Strategies and the Protocol on Water and Health have provided guidance and access to funding to improve water and sanitation facilities for the Roma population of Europe. Economic incentives are offered to encourage the use of clean-burning stoves in order to reduce indoor air pollution, and some hospitals in Kyrgyzstan have been fitted with solar panels to save energy. Nongovernmental organizations and charities can contribute to research and help to disseminate research results beyond the group of actors which is already committed to the Process.
29. In the ensuing discussion, Ms Rimantė Šalaševičiūtė, Minister of Health of Lithuania, and a member of the European Environment and Health Ministerial Board (EHMB) highlighted the valuable role played by THE PEP in stimulating vertical and horizontal collaboration, and called for a return to the emphasis on youth participation in the Parma Declaration. The Ministry of Health of her country has offered to host the European Environment and Health Youth Coalition. Other participants described their own national programmes, stressing the importance of collaboration between governments and mechanisms such as the Protocol on Water and Health, interministerial collaboration and an integrated approach combining health, environment and economic aspects. One representative called for a greater focus on increasing mobility in urban settings, for instance by promoting cycling, which brings benefits both for air quality and for individual physical fitness. The representative of the European Environment and Health Youth Coalition gave a round-up of the Coalition's activities since its establishment, including the publication of a booklet on promoting the participation of young people in the European Environment and Health Process, a photo and video competition on the theme "City in motion: people first!" which accompanied the Fourth High-level Meeting on Transport, Health and Environment (Paris, 14-16 April 2014) and an awareness raising campaign on water, sanitation and hygiene in schools undertaken as part of the programme of work under the Protocol on Water and Health.

Challenges and lessons learned

30. Ms Elizabet Paunovic, Head, WHO European Centre for Environment and Health, Bonn, Germany, identified three main lessons learned from the Process.

31. The first is the need to involve other sectors beyond environment and health. Policy platforms such as Health2020 stress the importance of a people-centred, lifecourse approach which creates resilient communities and supportive environments. Evidence from the health sector is used to inform policy decisions in other sectors, for instance in the negotiation of the Minamata Convention on Mercury. Valuable partnerships have been established with civil society organizations, including the Health and Environment Alliance (HEAL) and ECO Forum/Women in Europe for a Common Future (WECF).
32. The second lesson is the need to convey scientific messages in a positive way, offering possible solutions and avoiding scare tactics. For instance, the APHEKOM (Improving knowledge and communication for decision making on air pollution and health in Europe) project shows the predicted gain in life expectancy of people aged 30 in 25 selected European cities if the levels of particulate matter (PM2.5) in the air are kept down at the annual mean levels recommended in the WHO air quality guidelines.
33. The third lesson is to show the economic benefits of environment and health interventions and, crucially, the cost of not taking action. Indirect costs, such as work or leisure time lost, discomfort and anxiety, should not be forgotten: burden of disease alone may not always be the best measure. The newly published report *Economic cost of the health impact of air pollution in Europe* puts the cost of the health consequences of air pollution at US\$ 1.6 trillion, compared with US\$ 1.7 trillion for cancer, for example. In the Thessaloniki area of Greece, for example, the increase in taxes on light heating oil imposed following the financial crisis has created a dramatic changeover to biomass for heating. The cost of the associated deterioration in urban air quality and the increase in exposure to PM2.5 and in asthma and bronchitis rates is estimated at €150 million for the Thessaloniki area. The health benefits of reductions in greenhouse gas emissions can be quantified in economic terms in many different ways for different audiences.
34. Remaining challenges in the European Region include water, sanitation and hygiene – some central Asian and Caucasian countries have not reached their targets under the Millennium Development Goals in this area and even face setbacks in access to improved drinking water sources. Health and social inequalities encountered by vulnerable population groups prevail as a result, for instance, of increased fuel prices. A further challenge is posed by the need for research on potential new problems such as nanoparticles and endocrine-disrupting chemicals. The need to ensure the integration of health across the whole post-2015 development agenda was highlighted, together with the associated opportunities for improving environment and health. In conclusion, it is essential to maintain the relevance of the Process for all Member States of the European Region, taking into account their differing levels of socioeconomic development and their differing priorities.

Panel discussion

Panel members: Ms Sascha Gabizon, International Director, WECF; Ms Sinaia Netanyahu, Chief Scientist, Ministry of Environmental Protection, Israel; Mr Mikko Paunio, Ministerial Councillor, Ministry of Social Affairs and Health, Finland; Mr Iulian-Adrian Vasnic, President, European Environment and Health Youth Coalition; Moderator: Mr Roberto Bertollini, Head, WHO Office at the European Union.

35. Mr Bertollini invited panel members to share relevant lessons they had learned. Ms Gabizon introduced a short video on a WECF project in rural Kyrgyzstan in which ECOSAN toilets and inexpensive solar-powered domestic water heaters have been

introduced to improve living conditions in these remote areas. Partnerships with WHO, ministries of environment and health, academia and civil society are essential. It is difficult to obtain the funding required to scale up small projects to the national level. Her organization is also concerned about levels of endocrine-disrupting chemicals, which have been linked with breast cancer, obesity and diabetes, in children's toys. Replying to a supplementary question from the moderator, she said that nongovernmental organizations are allies in environment and health action; they may criticize but they also get the issues into the public awareness.

36. Mr Vasnic highlighted the difficulty of promoting youth involvement to Member States. Small local initiatives work well, although outreach to rural areas is progressing slowly, but it is difficult to scale them up to the national level. More practical support and involvement are needed from governments. Replying to a supplementary question from the moderator, he said that it may be more effective to work through schools to instil healthy habits in children from an early age, rather than trying to reach them through their parents.
37. Mr Paunio reviewed the evidence showing that safe drinking water, adequate sanitation and good hygiene habits can help to reduce levels of communicable and noncommunicable diseases and the economic costs associated with, for instance, poor cognitive development in children caused by undernutrition due to diarrhoeal diseases. A clean environment is one of the basic pillars of good public health. Replying to a supplementary question from the moderator, he said that the best way to stimulate action to prevent the most common noncommunicable diseases is to create a reliable evidence base: the evidence for the risks associated with tobacco use and early sexual activity is clear, but the evidence for the risks of exposure to chemicals is still lacking.
38. Ms Netanyahu highlighted the need to create and maintain public trust in scientific messages, and the problem of formulating a message in areas where the scientific evidence is not conclusive. Environment and health issues are often negatively associated with regulation, inspections and enforcement, and seen as an economic burden: more should be done to demonstrate the costs of not taking action. Replying to a supplementary question from the moderator, she said that the concept of the “circular economy” in which unwanted production material outputs are not disposed of after use, but are put back into the production system, is a valuable one, but that it nevertheless has its limits: there is a danger that toxic chemicals or heavy metals might accumulate in water used to irrigate crops or building materials used for new homes.
39. In the general discussion which followed, a representative of Serbia, which is the Chair of the South-eastern Europe Health Network, reported on a subregional meeting of the Network in April 2015, at which it adopted a joint statement on asbestos, and said that the Environment and Health Process should be maintained after the Sixth Ministerial Conference as a valuable political framework. The Republic of Moldova has turned to appropriately regulated public-private partnerships to remedy the underdevelopment of water supply and wastewater treatment systems in the north of the country. One participant suggested the establishment of a joint coordinating group of the Task Force, which might, for instance, identify potentially hazardous chemicals.
40. A representative of ECO Forum noted that the interrelationships between environment and health are not adequately reflected in the media. Economic arguments could be used in the media to raise awareness of these interrelationships. Nongovernmental organizations can work particularly effectively with social media.

41. Mr Srdan Matic, Coordinator Environment and Health, WHO Regional Office for Europe, summed up the discussion. The environment can provide opportunities as well as threats. However, tough choices need to be made, and they need to be explained properly to the public.

Governance of the European Environment and Health Process

42. In this session, participants took stock of the lessons learned from the implementation of the new governance mechanism of the European Environment and Health Process. Mr Massimo Cozzone, Ministry of Environment, Land and Sea, Italy, recalled that the Ministerial Board was set up to increase the political profile of the Process, while the Task Force, made up of all Member States, was intended to promote full participation and encourage a sense of ownership of the Process.
43. The Ministerial Board faces the challenge of keeping Ministers personally involved in its work. The Sixth Ministerial Conference must decide whether the current institutional arrangements are optimal. Aspects that may require further reflection include, among others, the mechanisms for the nominations of members of the EHMB, presently done by the governing bodies of UNECE and the WHO Regional Office for Europe, and the relationship between the Ministers and the other stakeholders in the Process.
44. The main challenge facing the Task Force is to arrange meetings of a relatively large group at regular intervals. The creation of the Ad Hoc Working Group has facilitated the implementation of the intersessional programme of work and maintained links between the Task Force and the Ministerial Board. The Sixth Ministerial Conference may decide to create further working groups, or a group such as a Bureau that could be entrusted with additional duties between sessions of the Task Force.

Panel discussion

Panel members: Mr Alexander Nies (Germany), Chairperson of the Task Force; Ms Elisabete Quintas da Silva (Portugal), Chairperson of the UNECE Committee on Environmental Policy; Mr Alexandru Rafila (Romania), Standing Committee of the WHO Regional Committee for Europe; Ms Rimantė Šalaševičiūtė, Minister of Health, Lithuania. Moderator: Mr Dragan Gjorgjev, Co-Chairperson.

45. Ms Šalaševičiūtė said that the participants in the Environment and Health Process must forge relationships with other ministries and agencies in their own countries and constantly publicize the activities of the Process. The Ad Hoc Working Group could be given greater responsibility for work between sessions of the Board and Task Force, or more working groups could be created.
46. Ms Quintas da Silva stressed that the governance framework is key to the success of any process. The innovative structure of the EHP – i.e. the divide between the political (Ministerial Board) and the technical (Task Force) – raises issues of coordination and communication. The role of the alternates to the Ministers on the Ministerial Board would benefit from further clarification. For example, it might be useful to clarify whether the alternates are expected to be familiar with the workings of the Process, or whether they are expected to be members of the Ministers' own staff. In the former case, the relevant Task Force members might as well act as alternates. In the latter case, alternates might have a closer link to the political level, but not necessarily be experts in environment and health. She also said, that the way to increase ownership of any process by Member States is increasing their participation in meetings.

47. Mr Rafila said that the Ministerial Board and Task Force must assume a political driving role. They can suggest legislation or measures to ensure the sustainability of national programmes. However, they must remain flexible as national political priorities may change rapidly.
48. Mr Nies said that, according to the governance structure laid down at the Parma Conference, the Ministerial Board is the public, political face of the Process. However, experience over the past few years has shown that it is difficult for Ministers to attend Board meetings in person or find opportunities for political advocacy for the Process, such as through the issuance of statements or speeches. The Task Force has been unable to meet annually, as originally intended, and attendance of Member States with regard to the representation of both the environment and the health sector should increase.. The Ad Hoc Working Group has improved communication and facilitated intersessional working, but it is not representative of the whole Task Force.
49. The governance structure cannot be changed before the Sixth Ministerial Conference: until then, he recommended that the Ad Hoc Working Group should continue its work, but could be opened up to all interested Member States to increase transparency and representativeness. The Task Force should hold at least one meeting per year. Subregional groups also have a valuable role to play. It is essential to find ways of making the Process more attractive and interesting to Ministers because the environment and health agenda needs stronger political attention and support at the highest level.
50. In the ensuing discussion, participants strongly agreed that the Task Force must meet at least once per year, and possibly also by teleconference between sessions. Likewise, the Ministerial Board could hold some virtual meetings in the hope of increasing attendance by Ministers. A website could be created for Member States to share best practices. Subregional meetings are valuable, and specialized networks could be created for technical issues such as chemical safety. Participants supported the suggestion to open up membership of the Ad Hoc Working Group to all Member States. Some participants noted that attending a meeting of either the Board or the Task Force is perceived as a major commitment requiring a lot of time and preparation: it could be made simpler. One participant noted that the European Commission is still not involved in the Process.
51. Ms Jakab, summing up the discussion, said that the Ministers on the Ministerial Board should be encouraged to stay in regular contact, perhaps by telephone or videoconference, and should also keep their own ministerial colleagues up-to-date with developments in the Environment and Health Process. The Task Force should meet annually, although that has cost implications. A website on best practices could be a useful addition. National and regional coordination is important, but she cautioned against creating too many subsidiary groups, which it may prove difficult to dismantle when they have served their purpose. Any changes in the governance structure will need to be described in detail in the outcome document of the Sixth Ministerial Conference, so planning must start straight away.
52. The Task Force adopted a number of amendments to its rules of procedure. Rule 3 was amended by the addition of a new Rule 3.3, reading: “The European Environment and Health Ministerial Board shall be invited to designate one or more EHMB representatives in the meetings of the EHTF”. Rules 9.3 and 9.4 were amended, and a new Rule 9.5 added, with the new version reading:
 - “9.3 The duration of the Chair’s and the Co-Chair’s term is one year or until a new Chair and a new Co-Chair have been elected at the Task Force meeting

following the completion of this 12-month period. Officers of the Task Force will not be eligible for re-election.

“9.4 In case that the Chair is replaced in the Task Force by another officially nominated focal point from his/her Member State, the Co-Chair will automatically assume the position of the Chair until the end of the current term and continue this function for another term under Rule 9.6. The Task Force will elect a new Co-Chair at its next meeting.

“9.5 [NEW] In case that both the Chair and the co-Chair of the Task Force cease to be focal points of their Member State, the Secretariat will conduct elections of the new Chair and co-Chair electronically. Secretariat will invite all EHTF members to nominate candidates for the vacant Task Force offices within a reasonable period, not exceeding six weeks. After this period, the Secretariat will immediately start the electronic election procedure.”

53. Rule 20 was amended by the addition of a new Rule 20.1 bis, reading: “In case that an electronic vote is organized as foreseen in Rule 9.5 or for any other reason for which the Task Force Chair and the Secretariat agree to hold an on-line electronic voting, this voting will be organized by the Secretariat. Electronic vote will be organized in a manner that ensures sufficient time for the proposal to be considered by the Task Force members, full confidentiality of the voting and a fair and transparent process.”
54. The Task Force adopted the Terms of Reference of the Ad Hoc Working Group with minor editorial amendments, extended the latter’s mandate until the Sixth Ministerial Conference and opened the group up to all interested EHTF members.

Implementation priorities until the Sixth Ministerial Conference on Environment and Health

55. In opening this session, the Chair emphasized that, while the first half of the meeting had focussed on taking stock, the remaining part should be dedicated to looking forward and analysing where the work should be concentrated in order to close the remaining gaps.
56. Mr Alexander Leventhal (Israel), member of the Standing Committee of the WHO Regional Committee for Europe, said that priorities for action in the remaining time before the Sixth Ministerial Conference may include chemical safety, climate change and increased collaboration between the environment and health sectors.

Panel discussion

Panel members: Ms Eva Csobod, Regional Environmental Center for Central and Eastern Europe; Ms Jana Feldmane, Acting Director, Public Health Department, Ministry of Health, Latvia; Ms Orna Matzner, Ministry of Environmental Protection, Israel; Ms Louise Newport (United Kingdom), Co-Chairperson, Health in Climate Change Working Group of the Task Force; Mr Pierre Studer (Switzerland), Chairperson of the Bureau of the Protocol on Water and Health; Moderator: Mr Leventhal.

57. Mr Studer suggested that the priorities of the Protocol on Water and Health could provide useful synergies with the activities of the Environment and Health Process in the time remaining before the Sixth Ministerial Conference. Water, sanitation and hygiene issues in childcare settings and achieving basic access to water and sanitation in central Asia and the Caucasus still require attention. There are significant disparities in provision between rich and poor and between rural and urban residents within individual countries. To reach access to safe water and sanitation for all

children in educational facilities it is necessary to build partnership with and promote leadership of the education sector. Ms Feldmane said that one priority should be the creation of the infrastructure required to encourage higher levels of physical activity.

58. Ms Csobod highlighted the continuing concerns about air quality. The SINPHONIE (Schools Indoor Pollution and Health: Observatory Network in Europe) project¹ monitors indoor and outdoor air quality in schools in 25 European countries and produces policy recommendations and guidelines. Information and education campaigns are needed to raise awareness of issues in the school environment among school staff, families, the general public and children themselves.
59. Ms Matzner stressed the importance of maintaining partnerships between national environment and health agencies and with other sectors. Mechanisms should be developed to enable Member States to share information and best practices. Research at the European level, for instance through the European research programme Horizon 2020, should be conducted on emerging issues such as nanotechnology. Major concerns include asbestos and children's exposure to potentially hazardous chemicals.
60. Ms Newport cited the increasing problems associated with climate change, including heatwaves, flooding and changes in patterns of disease. Many potential solutions have co-benefits, for instance walking or cycling in preference to driving reduces greenhouse gas emissions, improves air quality and benefits individual physical fitness and health. It is important to point out the economic savings attributable to the avoidance of future health problems. The carbon footprint of the health-care system is another important issue.
61. The moderator asked each panel member to name two important areas for consideration at the Sixth Ministerial Conference. Mr Studer nominated increased attention to sanitation and the need to encourage more Member States to accede to the Protocol on Water and Health. Ms Feldmane cited safer cycling and walking and air quality, particularly in schools. Ms Csobod nominated reductions in carbon footprints and the need to raise more funding for research into indoor air quality. Ms Matzner nominated indoor and outdoor air quality and the need for research on emerging, potentially toxic chemicals and the effects on health of exposure to multiple pollutants. Ms Newport nominated the need to ensure that health issues were fully included in climate change mitigation plans, with costings and detailed plans for activities, and the need to incorporate health issues into funding streams.
62. In the ensuing discussion, participants stressed the importance of cross-sectoral collaboration, particularly at the city level, and advocated the combination of local action, on air quality for instance, with global action on climate change. Ms Páldy suggested the addition of eight time-bound milestones to the roadmap for action until the Sixth Ministerial Conference (document EURO/EHTF-MTR/08). The representative of France, which will host the United Nations Conference on Climate Change in December 2015, invited participants to contribute to the preparatory meetings and to the Conference itself, which would place great emphasis on action at the city level. The representative of HEAL drew participants' attention to a position paper² issued jointly by her own organization, ECO Forum and WECF and calling, in particular, for greater involvement of nongovernmental organizations in the work of the Ministerial Board. Emerging topics for consideration include energy and health, covering fracking, coal power generation and energy efficiency.

¹ www.sinphonie.eu (accessed 31 May 2015).

² Available at http://env-health.org/IMG/pdf/15_04_24_eng_eehpmtrhaifa_positionpapaer_final.pdf (accessed 31 May 2015).

63. Several participants stressed the importance of taking action on asbestos. The representative of the South-East European Network on Workers' Health drew attention to a statement issued jointly with the South-eastern Europe Health Network at the subregional meeting entitled "Improved environment and health in south-eastern Europe: reviewing progress in elimination of asbestos-related diseases", held in Belgrade, Serbia in April 2015. In this statement, the States of the subregion call for the revision or creation of relevant legislation and policies, information and training, and the inclusion of chrysotile asbestos in Annex III of the Rotterdam Convention.
64. Participants shared their national experiences and achievements in priority areas such as safe drinking water and adequate sanitation in schools, rural water supply and chemical safety.

Strategic partnerships for the European Environment and Health Process

65. Opening the session, Mr Keiner (UNECE) said that, as the systems influencing human health grow more complex, the health and environment sectors must work with other sectors to tackle common problems. Potential partners include international organizations, international financial institutions, youth and civil society organizations, academia and the private sector.

Panel discussion

Panel members: Mr Wondwosen Asnake, UNEP; Ms Biljana Filipovic (Serbia), Bureau member, THE PEP; Ms Katarina Magulova, Scientific Support Branch, Secretariat of the Basel, Rotterdam and Stockholm Conventions, UNEP; Mr Jostein Nygard, Senior Environmental Specialist, World Bank; Ms Lesley Onyon, Regional Advisor for Occupational Health and Chemical Safety, WHO Regional Office for South-East Asia; Moderator: Mr Keiner.

66. Ms Filipovic said that THE PEP has a wide range of partners at local, regional and national levels, some with a very specific area of interest, such as the European Cyclists' Federation. Shared policy platforms such as Health in All Policies and Agenda 21 are becoming more widespread. She described the sustainable transport initiatives undertaken in the city of Belgrade, Serbia, including a partnership to develop a pan-European master plan for cycling promotion. Better synergies with financial mechanisms are essential to generate the resources required to address future policy opportunities and challenges.
67. Ms Magulova noted that the Basel, Rotterdam and Stockholm Conventions were all derived from regional initiatives. The three conventions cover the management of chemicals throughout their life-cycle. Much of the work done under the conventions relies on partnerships with national or regional partners or international organizations such as WHO.
68. Mr Asnake said how greatly UNEP values its partnership with WHO and UNECE. Evidence of health impacts is very useful as UNEP makes the case for environmental interventions. UNEP is involved in other regional partnerships: indeed, the UNEP and WHO Regional Offices for Africa work with governments at ministerial level on health and sustainable development issues. The new sustainable development goals will provide many opportunities for partnerships and links to environment and health issues.
69. Ms Onyon described a ministerial-level regional initiative in South-East Asia. The Regional Forum on Environment and Health in Southeast and East Asian Countries

was founded in 2007. The Ministerial Regional Forum on Environment and Health meets every three years, and decision-making between sessions is left to high-level officials. Secretariat functions are shared between the WHO Regional Office for the Western Pacific and the UNEP Regional Office for Asia and the Pacific. The Regional Forum is particularly active in the areas of water and sanitation and climate change. It aims to extend its partnerships and increase its visibility, developing environmental health country profiles and datasheets, mainly from information which is already available. In the future it intends to do more work on air pollution and measurement tools such as health biomonitoring.

70. Mr Nygard said that the World Bank recognizes the importance of environmental measures, especially pollution management. The institution has just launched the Pollution Management and Environmental Health programme, a trust fund focusing on air quality management in major urban areas of China, Egypt, India, Nigeria and South Africa. Funding is available if the health and environment sectors can demonstrate the magnitude of the problem.
71. When the agenda item was opened up for comments from the floor, many participants stressed the importance of ensuring that environment and health issues are adequately reflected in the future sustainable development goals. The World Bank has funding available, particularly in the areas of pollution management and climate change mitigation, but funding applications must clearly specify the intended impact of the proposed project. Strategic partnerships must be transparent and clearly regulated: WHO has developed a draft framework on engagement with non-State actors which will be discussed at the World Health Assembly in May 2015.
72. Participants drew attention to existing strategic partnerships such as the New Urban Agenda, to be launched at the Third United Nations Conference on Housing and Sustainable Urban Development (Habitat III) in 2016 and the Food for the Cities initiative of the United Nations Food and Agriculture Organization. The European Environment Agency's Foresighted Reasoning on Environmental Stressors and Health (FRESH) project includes indicators of impact on health and well-being and uses data already available nationally or internationally. The Protocol on Water and Health serves as a regional hub for offering technical advice and rapid situation assessments. The representative of the Global Alliance on Health and Pollution described his organization's efforts to ensure that the problem of pollution is adequately addressed in the sustainable development goals. The European Environment and Health Youth Coalition is planning a workshop on potential joint projects.
73. Participants shared their national experiences: Belarus has launched a programme of sustainable development based on "green economy" principles, and Turkmenistan has a number of interministerial groups involving the environment and health sectors, for instance on transport safety and climate change. Under the 2014 Association Agreement between the European Union and the Republic of Moldova, the latter has to incorporate approximately 25 European Union environmental directives into its national legislation: a major source of pollution is the large number of old, environmentally unfriendly cars imported into the country. The Regional Environmental Center for Central and Eastern Europe will celebrate its 25th anniversary in June 2015.

Future themes and priorities: roadmap towards the Sixth Ministerial Conference on Environment and Health

74. Mr Nies said that the preparations for the Sixth Ministerial Conference and the period beyond should be inspired by the enthusiasm and energy of young people. Participants watched the winning entry in the video competition organized by the European Environment and Health Youth Coalition on the occasion of the Fourth High-level Meeting on Transport, Health and Environment in 2014.
75. Mr Manfred Green, Head, School of Public Health, University of Haifa, Israel, said that the climate change crisis also brings opportunities to raise awareness and gather support for other environmental health issues. Neglect of the environment causes climate change, and vice versa. Climate change increases the incidence of drought, flooding and vector-borne disease and can lead to conflict as people move to less affected areas as immigrants, migrant workers or refugees and States compete for dwindling water resources. All these phenomena have a long-term impact on health.
76. Adaptation and mitigation in the face of both environmental pollution and climate change must start at the community level. Preparedness and response measures are the same in both cases, including, for instance, comprehensive surveillance and alert systems, the identification of vulnerable groups, regional collaboration and health promotion. The response must include preparation of health, welfare and environmental services, intersectoral coordination and international collaboration.
77. Adaptation measures, which seek to reduce the health impact of climate change, include management of the built environment and infrastructure, health promotion and health information. Mitigation measures, which seek to improve the quality of the environment, are hampered by a lack of political will, a lack of resources and clearly defined policies, and weak government and law enforcement. Industry and politicians may have competing interests, and the cost of mitigation is a further obstacle. There may be a lack of surveillance data, trained scientists, accountability and funding. The community may not accept proposed interventions because of a lack of trust and transparency and poor communication. It is essential to involve the community at all levels and act without delay.
78. Participants watched a video statement by Mr Hans Bruyninckx, Executive Director of the European Environment Agency. The challenge of the 21st century is to ensure that growth does not exceed the capacity of the planet to absorb it. In the past, environmental policy has sought to increase the efficiency of human activities, for instance by increasing the fuel efficiency and reducing the carbon dioxide emissions of private cars. Now may be the time to work towards changes in patterns of activity, for instance by introducing measures to curb private car ownership or changes in personal and institutional lifestyles.

Panel discussion

Panel members: Ms Tiiu Aro, Director-General, Health Board, Estonia; Ms Milva Ekonomi, Deputy Minister of Health, Albania; Mr Srdan Matic, Coordinator Environment and Health, WHO Regional Office for Europe; Moderator: Mr Nies.

79. Ms Aro said that the Estonian Government is focusing on adaptation to climate change, and is preparing an action plan for the period to 2030 incorporating the Parma Declaration targets of water and air quality and the everyday environment of children. Priorities for the Sixth Ministerial Conference should include the accumulation of evidence for decision-making and health impact assessments.

80. Ms Ekonomi stressed the importance of leadership by a single agency in intersectoral action. Her Government needs to balance environmental and health concerns with economic priorities: however, the importance of tourism to the economy ensures that policies to ensure high quality drinking and bathing water are given due prominence.
81. Mr Matic introduced the roadmap for the preparation of the Sixth Ministerial Conference in 2017 (document EURO/EHTF-MTR/08) and an informal conference room paper summarizing the results of the online consultation on the roadmap. In the period leading up to the Conference, the negotiation of the political outcomes of the Conference will be informed and enriched by a series of technical consultations geared towards the identification of priorities for joint action. The Secretariat has identified a number of themes that could lead to the development of policy commitments and targets, which might appear in the outcome document of the Conference. The proposed themes and way forward for the preparation of the sixth Ministerial Conference, which form the contents of the roadmap document, were reviewed by the Ministerial Board and the Ad Hoc Working Group of the Task Force, and then sent to all Member States and partners in an online consultation. The aim is to end the Conference with a concise, focused declaration with a manageable number of SMART targets (specific, measurable, achievable, results-focused and timebound) and an implementation plan. The targets must take into account the differing circumstances of each Member State, and duplication with other mechanisms must be avoided as far as possible.
82. Following the thematic structure of the post-2015 Sustainable Development Goals, the preparation of the Ministerial Conference might be organized around eight major thematic areas: air, water and sanitation, energy, chemicals, food, waste, cities and disasters/climate change. It will be necessary to identify the challenges, possible solutions and tools which can be used. Member States and stakeholders in the Environment and Health Process have indicated their regional priorities and the themes for which they would be willing to take on the preparatory work.
83. Financing of the Conference and the subsequent programme of activities is a concern in view of the current financial constraints. The Secretariat will explore funding possibilities with Member States. The revised roadmap will be considered by the Ministerial Board at a meeting in Croatia in October and the Task Force at a meeting in the former Yugoslav Republic of Macedonia in November 2015.
84. In the ensuing discussion, participants reiterated the major issues of concern – air quality, climate change and chemical safety. Other priorities cited were environment and health in cities, water and sanitation and in the work setting, active mobility and subregional issues. Participants stressed the importance of public information and consultations and close liaison with nongovernmental organizations, which are planning to hold an event immediately prior to the Sixth Ministerial Conference. The agreed targets must be aligned with those of the Protocol on Water and Health and the future sustainable development goals. It is important to avoid duplication with other mechanisms. Suitable indicators must be defined, but they must be easy to collect in the required format.
85. Summarizing the discussion, Mr. Nies obtained participants' agreement on the proposed Road Map, on the responsibility of the Task Force in the preparation of the Ministerial Conference and on the fact that the Ministerial Declaration should focus on a limited number of priorities, preferably those with added value, which are not covered elsewhere.

Any other business and closure of the meeting

86. There was no other business.
87. Mr Nies shared his key messages from the meeting, which are reproduced in Annex 3 of this report.
88. The Task Force welcomed Mr Dragan Gjorgjev (the former Yugoslav Republic of Macedonia) as its next Chair. Mr Gjorgjev thanked members for the trust they had placed in him and pledged to move the work of the Task Force forward to the best of his ability. The Task Force also welcomed Mr Robert Thaler (Austria) as its next Co-Chairperson.

Closure of the session

89. Mr Grotto, representing the Ministry of Health of Israel, thanked those responsible for the successful conduct of the meeting, which enabled participants to share their experiences and avoid repeating others' mistakes. Ms Netanyahu, representing the Israeli Ministry of Environmental Protection, said that the meeting showed the power of the international environment and health community. Mr Keiner pledged the continued commitment of UNECE to the Environment and Health Process. The Process will participate in the Eighth Environment for Europe Ministerial Conference in Batumi, Georgia in 2016.
90. Ms Jakab, summing up the achievements of the two-day meeting, thanked all participants for their contributions, which would provide valuable policy messages for the WHO Regional Committee for Europe and the UNECE Committee on Environmental Policy. The Environment and Health Process provides Member States with evidence-based assessment tools and normative guidance for implementation of the Parma Declaration commitments and international environmental conventions and agreements. It has established partnerships with intergovernmental and nongovernmental organizations and youth organizations, setting an excellent example of collaboration with other sectors and with non-State actors, the latter being an issue likely to provoke a lively debate at the forthcoming session of the World Health Assembly.
91. The Process faces a number of challenges in the run-up to the Sixth Ministerial Conference. It must be institutionalized at the national and regional level and provide more opportunities for Member States to meet, all together or in subregional or special-interest subgroups. The governance structure must adapt to changing situations and emerging new priorities. It must increase its visibility at a high level, both globally, especially in the negotiations on the sustainable development goals, and with other sectors in the Region. It needs to focus on the unfinished business and remaining priorities of the Parma Declaration, while developing its new agenda. An inclusive and efficient preparatory process will lead up to the Sixth Ministerial Conference, which aims to produce a robust, focused political outcome.
92. She paid tribute to Mr Nies, the outgoing Chairperson of the Task Force, and wished the incoming Chairperson, Mr Gjorgjev, every success in his work. She thanked the members of the Ad Hoc Working Group and Health in Climate Change Working Group for their hard work between sessions, and expressed the gratitude of all present to the Israeli hosts for their generous hospitality and the efficient organization of the meeting.
93. Mr Nies declared the meeting closed at 17:30 on 30 April 2015.

Annex 1. Scope and purpose

At the Fifth Ministerial Conference on Environment and Health in Parma in 2010, Member States adopted the document *European Environment and Health Process (2010-2016): Institutional Arrangements*. It states, *inter alia*, that the European Environment and Health Task Force (EHTF) will meet annually in the period leading up to the Sixth Ministerial Conference on Environment and Health in 2016 and that one of the EHTF meetings will be a high-level mid-term meeting to review progress in implementation of the European Environment and Health Process (EHP) and its institutional framework.

This meeting will allow reporting back on implementation of commitments made by Member States and international, intergovernmental, and nongovernmental organizations and other stakeholders in the EHP. It will examine progress, assess the challenges still faced by Member States, and make recommendations on priority actions in the WHO European Region needed towards achieving Parma commitments.

The meeting will also be an opportunity for Member States and stakeholders to exchange experiences and demonstrate important achievements and actions undertaken towards fulfilling the Parma commitments.

Member States and stakeholders will have the opportunity to also review the EHP governance and a roadmap towards the sixth Ministerial Conference on Environment and Health. They will also make recommendations to the WHO Regional Committee and the UNECE Committee on Environmental Policy on priority decisions required, and provide input into the work of the European Environment and Health Ministerial Board (EHMB) leading up to the sixth Ministerial Conference.

Based on these main objectives, the MTR meeting will be structured so as to ensure:

- reporting back on the progress on Parma commitments by the Member States, Inter-Governmental Organizations, Non-Governmental Organizations and other EHP stakeholders;
- a critical evaluation of successes and challenges;
- the achievement of an agreement on what should be the implementation priorities in the period leading up to the sixth Ministerial Conference;
- an assessment of the Environment and Health Process as a whole, providing an opportunity to recognize the main achievements to date but more importantly, providing an opportunity to ‘take stock’ of the impact of the Process; and
- that Member States and stakeholders provide a meaningful input into the preparations of the Sixth Ministerial Conference on Environment and Health in Europe.

Annex 2. Programme of work

Tuesday, 28 April 2015	
08:00 – 18:00	Study tour
20:00	Welcome reception
Wednesday, 29 April 2015	
08:00 – 09:00	Registration
09:00 - 10:00	<p>Opening session (Agenda item 1a, 1b and 1c) The MTR meeting will be opened and participants welcomed. Meeting officers will be elected. The agenda of the meeting and the programme will be adopted. Introductory statements will set the stage for the MTR.</p> <p><i>Relevant documents:</i></p> <ol style="list-style-type: none"> 1. <i>List of documents</i> 2. <i>Scope and purpose</i> 3. <i>Provisional Agenda</i> 4. <i>Provisional Programme</i> 5. <i>Provisional list of participants</i>
10:00 – 10:30	Coffee/Tea Break
10:30 – 12:30	<p>Report on progress in the implementation of the Parma Declaration on Environment and Health – What has been achieved? (Agenda item 2)</p> <p>The session will highlight key activities and progress achieved by Member States and EHP stakeholders at the national and international level in implementing the commitments taken through the Parma Declaration on Environment and Health. The expected outcome of the session will be the identification of key messages on such progress.</p> <p><i>Relevant documents:</i></p> <ol style="list-style-type: none"> 6. <i>Improving environment and health in Europe: How far did we get? - Mid-term Review Report</i> 10. <i>Health Economics and Air Pollution</i> 11. <i>Implementing the European Regional Framework for Action to protect health from climate change – A status report</i> 12. <i>The school environment: policies and current status</i> 13. <i>Human bio-monitoring: facts and figures</i> 14. <i>Towards the elimination of asbestos-related diseases in the WHO European Region</i>
12:30 – 14:00	Lunch break with poster session
14:00 – 16:00	Challenges and lessons learned – What were the challenges? What are the lessons learned? (Agenda item 3)

	<p>The session will highlight challenges and lessons learned in the implementation of the Parma Declaration on Environment and Health, based on examples drawn from the Mid-term Review Report.</p> <p><i>Relevant documents:</i></p> <p><i>6. Improving environment and health in Europe: How far did we get? - Mid-term Review Report</i></p> <p><i>10. Health Economics and Air Pollution</i></p> <p><i>11. Implementing the European Regional Framework for Action to protect health from climate change – A status report</i></p> <p><i>12. The school environment: policies and current status</i></p> <p><i>13. Human bio-monitoring: facts and figures</i></p> <p><i>14. Towards the elimination of asbestos-related diseases in the WHO European Region</i></p>
16:00 – 16:30	<i>Coffee/Tea break</i>
16:30 – 18:00	<p>Governance of the European Environment and Health Process: past and future – How was it governed? (Agenda item 4)</p> <p>This session will reflect on challenges and take stock of lessons learned from the implementation of the new EHP governance mechanism since the Parma Conference, including its relations to other regional governance mechanisms, such as notably the European Union. It will also discuss a working document, which includes proposals to strengthen the institutional framework for the EHP until the sixth Ministerial Conference on Environment and Health. Finally, it will review and adopt amendments to the Rules of Procedure of the EHTF.</p> <p><i>Relevant documents:</i></p> <p><i>7. Governing the European Environment and Health Process: lessons learned and way forward</i></p> <p><i>7.1 Draft EHTF Decision: Terms of Reference of the Ad Hoc Working Group and proposed revisions to the ET Rules of Procedure</i></p> <p><i>9. Proposed revisions to the EHTF Rules of Procedure</i></p>
20:00	<i>Dinner</i>
Thursday, 30 April 2015	
08:00 – 09:00	<i>Registration</i>

<p>09:00 –10:30</p>	<p>Implementation priorities until the Sixth Ministerial Conference on Environment and Health – What needs to be done? (Agenda item 5)</p> <p>This session will identify and discuss current shortcomings and gaps in implementation, particularly with regard to the achievements of the five time-limited targets set by the Parma Declaration on Environment and Health and of the objectives of the European Regional Framework for Action on climate change. It will also identify the areas on which work needs to concentrate until the sixth Ministerial Conference on Environment and Health and which concrete actions are required from Member States and EHP stakeholders.</p> <p><i>Relevant documents:</i></p> <p><i>6. Improving environment and health in Europe: How far did we get? - Mid-term Review Report</i></p> <p><i>11. Implementing the European Regional Framework for Action to protect health from climate change – A status report</i></p>
<p>10:30 – 11:00</p>	<p><i>Coffee/tea break</i></p>
<p>11:00 – 12:30</p>	<p>Strategic partnerships for the European Environment and Health Process (Agenda item 6)</p> <p>This session will focus on the challenges and opportunities for fostering strategic partnerships in the area of environment and health in the region. In particular, it will discuss the integration and synergy with relevant regional and global processes, such as the post-2015 Sustainable Development Agenda, Health 2020, regional Multilateral Environmental Agreements, and global commitments on climate change. It will also analyse how effective have the present partnerships been in supporting the attainment of the Parma Declaration on Environment and Health; identify possible gaps in present partnerships and propose additional possible partnerships.</p>
<p>12:30 – 14:00</p>	<p><i>Lunch break with poster session</i></p>
<p>14:00 – 15:45</p>	<p>Future themes and priorities: Roadmap towards the Sixth Ministerial Conference on Environment and Health - Where are we going? (Agenda item 7)</p> <p>This session will open the preparatory process for the sixth Ministerial Conference on Environment and Health, scheduled for 2017. It will provide a forum for a discussion about the main environment and health issues of relevance for Europe in the 21st century and consider the main policy issues and frameworks relevant for the EHP in the future. Finally, the EHTF will be invited to endorse the concept for the preparatory process for the Sixth Ministerial Conference</p>

	<p>and the approaches outlined in the roadmap.</p> <p><i>Relevant documents:</i></p> <p><i>8. Roadmap towards the sixth Ministerial Conference on Environment and Health (2017)</i></p> <p><i>Conference room paper: Results from the online consultation on the roadmap towards the 6th Ministerial Conference on Environment and Health (6MCEH)</i></p>
15:45 – 16:15	Coffee/Tea break
16:15 – 17:00	Closing session (Agenda item 8a and 9) This session will draw the main conclusions and key messages from the MTR meeting, make concluding remarks, address any other business and close the meeting.

Annex 3. Chair's key messages from the meeting

Introduction

- The Mid-term review meeting (MTR) was attended by almost two hundred representatives of thirty-seven Member States and nine Stakeholder Organizations.
- Hosts, speakers, facilitators, panellists, participants, the editorial board of the MTR report, EHTF Ad Hoc working group and the Secretariat made the event an important step in the further development of the European Environment and Health Process.
- The musical welcome from the children during the opening session reminded us of those for whom the European Environment and Health Process was established in the first place.
- The participants were greeted by the Directors-General of Ministries of Health and of Environmental Protection of Israel, who shared with us their work to address the environment and health challenges faced by their country, further supported and supplemented by the study tours on Tuesday and the presentation of the *Environmental Health in Israel 2014* report.
- The WHO Regional Director for Europe presented us the WHO perspective on the scope of the meeting and the agenda that we needed to cover.
- UNECE had co-signed the event and its Director of Environmental Programmes highlighted the chance to position the EHP as one of the mechanisms for the implementation of the post-2015 sustainable development agenda.

Achievements and implementation gaps

- The MTR report, six thematic reports prepared by the WHO European Centre for Environment and Health in Bonn, Germany and published on this occasion by the WHO Regional Office for Europe, experiences that the delegations shared through presentations, videos and posters tell together a rich story of successes of which we may and should be proud.
- These successes should also serve as inspiration to do more and better. Additional efforts are needed in all areas, and particular attention needs to be given to the time-bound Parma targets.
- Safe water and sanitation are a matter of fact for over 90% of citizens in the WHO European Region, but 100 million people still lack access to both of these basic commodities. Countries in the WHO European Region, who are working on the Millennium Development Goals on sanitation, are lagging behind the global progress.
- Fewer children died from road traffic incidents, but much still needs to be done to further improve infrastructure for safe physical activity.
- Thirty-eight countries in the Region have banned smoking in schools - meaning that fifteen countries have not.
- With the Minamata Convention on Mercury, adopted in 2013, we gained an important new tool that helps us safeguard our children against critical exposure to hazardous chemicals. However, only half of our Member States have developed targeted programmes to reduce chemical risks to children, including within the implementation obligation of already existing multilateral environmental agreements (MEAs), such as the Basel, Rotterdam, and Stockholm Conventions.
- Thirty-seven Member States have banned all forms of asbestos, but even for them, asbestos-containing waste remains a challenge. 300 million people in the WHO European Region live in countries that still use asbestos. As long as this continues, asbestos-related diseases will not be eliminated. The use of asbestos is, at present, the most significant controversial issue in the Region.

- Thirty-two Member States have developed assessments of their health vulnerability to the effects of climate change, and twenty-two Member States developed national health adaptation plans. The EHTF subgroup “Health in Climate Change” (HIC) has an impressive membership of thirty-eight countries and five agencies.
- Progress is inequitable. Growing inequalities in environment and health can be recognized, not only between countries in our Region, but also within them - between cities and the countryside, between the rich and the poor. We need to be vigilant and avoid letting our societies drift apart.

Continuing efforts needed

- MTR included an honest analysis of the challenges we faced over the past five years and the lessons learned along the way, for example, in orienting ourselves in the very broad agenda for EHP adopted in Parma.
- Member States of the WHO European Region are diverse with regard to their legal systems, socioeconomic situation and specific environment and health challenges, making it a continuing challenge to keep the Environment and Health Process relevant to all Member States and agree on common priorities. Sub-regional coordination, meetings, and further activities may contribute to address these challenges.
- Our previous experience shows that involvement of health and environment sectors, local authorities and other relevant stakeholders is the most effective way forward. Putting this into practice remains a challenge. Institutional arrangements for inter-sectoral collaboration including other sectors frequently do not exist on the national level. Striving for “Environment and Health in all policies” and pertinent “environment and health indicators” may help to address these challenges. Identification and pursuance of topics with added value to both sectors are the key to ensure their support.
- Decision makers have to make tough choices based on widely agreed societal values. Suitable formats and channels must be developed to communicate with decision makers and to inform all relevant parts of society. A positive approach, highlighting the gain of environment and health improvements, stands the best chance to convey our messages. The availability of healthy and environmentally friendly alternatives is often the key prerequisite of transforming messages into actions.
- Financial restraints continue to affect the Region. This makes it more important than ever to collect evidence on the economic impacts of action – and inaction – in the field of environment and health and integrate this information into the policy making process. Identifying suitable parameters to measure the economic impact remains a challenge. On the occasion of the mid-term review meeting, WHO published the report on economic costs of health impacts of air pollution. Several other publications are available or are under development worldwide, including the project of a “Stern report” in the field of environment and health, as proposed by the Global Alliance on Pollution and Health, which would certainly give a push in the right direction.
- Several Member States severely lack the resources needed for the implementation of environment and health commitments. The development of new resource mobilization strategies is vital for a successful continuation of the Environment and Health Process.
- Exchange of knowledge and information, sharing best practice examples, promoting accession to the relevant MEAs and their implementation, and fostering needed research remain key in assuring further progress in the process.

Focus until 6th Ministerial Conference

- Keeping in mind the shortcomings and challenges identified, we need to focus our efforts on the time-bound targets until 2017.

- Tackling health risks from chemicals - with the elimination of asbestos-related diseases as the most imminent amongst the Parma targets - and from air pollution with its huge toll of death, disease and economic costs, plus further investing in water and sanitation and addressing inaction on climate change and health should be top of our agenda.
- We need to focus on where the dividends can be the greatest or the costs of inaction are highest, taking into account the magnitude of the health effects, the knowledge of what can be done and the availability of supportive policy tools.

Governance

- Governance is not a purpose for itself, but we need to continue discussing how to shape our governance structure to best serve our substantial goals.
- Annual meetings of the EHTF are essential to improve involvement of all Member States in the process, both in terms of number and in actions taken. In this context, we need to make extra efforts towards full attendance by both sectors from all Member States.
- The Ad Hoc Working Group, established by the EHTF in Brussels in 2013, has proven to be very valuable. With broad support, it was decided to extend its mandate until the 6th Ministerial Conference and new Terms of Reference for the group were adopted. They outline its role in the preparations for the 6th Ministerial Conference and mandate it with the development of concrete proposals for further improvements of the governance structure of the EHP.
- The Ad Hoc WG needs to stay in touch with the EHTF at large. All of its meetings will be open to attendance of all members of EHTF.
- Amended Rules of Procedure for the EHTF have been adopted. They concern, inter alia, the link with EHMB, clarification of the length of office of EHTF Chair and Co-chair and electronic decision making.
- The process needs enhanced high-level political support, both domestically and in the international arena. In this context, further efforts need to be taken for the EHMB to fulfil its role. We have to continue to increase the visibility of our work and use every opportunity for this purpose.

Partnerships

- The EHP includes a number of inter-governmental and non-governmental organizations whose work is highly relevant. However, links to the relevant programmes of its stakeholders need to be strengthened. In particular, WHO's Health 2020 Programme and the Multilateral Environmental Agreements and Inter-sectorial Programmes under the auspices of UNECE and UNEP provide suitable tools for the implementation of Parma commitments. Several Member States highlighted the benefits of activities under the Protocol on Water and Health on the national and local level. All Member States are urged to sign, ratify and implement these instruments.
- Strong common ground also exists between the EHP and the post-2015 sustainable development goals. The EHP needs to position itself as a major instrument for the implementation of the sustainable development agenda in the WHO European Region.
- International financial institutions are giving more consideration to environment and health issues. New partnerships with these institutions may enhance our capacity to advance implementation of our commitments.
- More efforts are needed to translate global and regional partnerships into action at the national and local level. More efforts are also needed to identify concrete possibilities for closer cooperation and harvest synergies from the partnerships, both newly established and developed ones.

Preparation of the sixth Ministerial Conference and beyond

- Our work in the next two years will have to be a combination of focus on the unfinished business and priorities to which we committed in Parma, and of shaping and preparing our future agenda. The roadmap to the Sixth Ministerial Conference was unanimously accepted as a useful basis for the latter. Its first component consists of a political negotiation process that will result in the Ministerial Declaration and political commitments to be adopted by the sixth Ministerial Conference. The second component consists of a series of thematic consultations, whose outcomes will in turn inform the political negotiations.
- In designing the new agenda and negotiating the outcome document of the sixth ministerial conference, Member States will have to stay focused on a limited number of clear and measurable objectives, for which we should be accountable, and where urgency and added value are highest. In order to receive the appropriate support and tools to facilitate coming together nationally and internationally around clear projects, we welcome the expressions of readiness of individual Member States to be champions for key aspects of the future agenda: their support and leadership will be instrumental to place us on the right course.
- The EHTF will have the role as the body to prepare the next ministerial conference and to serve as the forum to negotiate the outcome document on the basis of the involvement of all member states and stakeholder organizations.
- If the governing structure adopted in Parma will need to be changed, this has to be integrated in the outcome document of the next Ministerial Conference.

Concluding remarks

- Twenty-seven years after its inception, the mid-term review of the European Environment and Health Process received broad attention and active participation from virtually all delegations present at the meeting. This momentum is a success of its own and should be retained and used in the two years of preparation of the next Ministerial Conference. It should also be extended to those delegations which were not able to attend the mid-term review meeting.
- As Chair of the EHTF, it has been a pleasure and an honour to serve the process. Be assured that the outgoing Chair will continue to provide support, including as a Member of the Ad Hoc Working Group.
- We all wish Professor Gjorgjev, who is now taking over as Chair of the Task Force, good luck, perseverance and success.

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Европейское Региональное Бюро ВОЗ

Всемирная организация здравоохранения (ВОЗ) – специализированное учреждение Организации Объединенных Наций, созданное в 1948 г. и основная функция которого состоит в решении международных проблем здравоохранения и охраны здоровья населения. Европейское региональное бюро ВОЗ является одним из шести региональных бюро в различных частях земного шара, каждое из которых имеет свою собственную программу деятельности, направленную на решение конкретных проблем здравоохранения обслуживаемых ими стран.

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Original: English